

## **Team Response Check List**

Response time and commitment of team members:

ETD \_\_\_\_\_ ETA \_\_\_\_\_ Method of Travel \_\_\_\_\_

Team Leader: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team Member: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team Member: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team Member: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### **Expectations**

- |   |  |
|---|--|
| <input type="checkbox"/> Debriefings                            | <input type="checkbox"/> One on One's                        |
| <input type="checkbox"/> Working with health care professionals | <input type="checkbox"/> Gather/dissemination of information |
| <input type="checkbox"/> Working with outside agencies          | <input type="checkbox"/> Working with families               |
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### **Logistics**

- |   |                                       |                                       |   |
|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Phones                             | <input type="checkbox"/> Computer     | <input type="checkbox"/> Copy machine | <input type="checkbox"/> Radios           |
| <input type="checkbox"/> Rental Car                         | <input type="checkbox"/> Lodging      | <input type="checkbox"/> Meals        | <input type="checkbox"/> Work Space       |
| <input type="checkbox"/> Travel                             | <input type="checkbox"/> Charge Codes |                                       | <input type="checkbox"/> OT Authorization |
| <input type="checkbox"/> Briefing for incident upon arrival |                                       |                                       | <input type="checkbox"/> Meeting Room     |
| <input type="checkbox"/> Current (expected) Weather         |                                       |                                       |   |
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### **Contact person(s) at incident (first arrival).**

1. \_\_\_\_\_

Best contact times \_\_\_\_\_

Phone Numbers:

Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Pager \_\_\_\_\_

2. \_\_\_\_\_

Best contact times \_\_\_\_\_

Phone Numbers:

Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Pager \_\_\_\_\_

## **Contacts with Incident Commander/Other Representatives**

1. \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

2. \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

### **Other Contacts (Multi-Agency Incident?)**

1. \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

2. \_\_\_\_\_  
Agency \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

Are local CISM resources available?      Y                      N

What CISM has been done or planned before team arrival? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **CISM Contacts**

1. \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

2. \_\_\_\_\_  
Phone Numbers:  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Pager \_\_\_\_\_

Approximately how many people have been affected by the incident? \_\_\_\_\_

Who has been affected by the incident?

☐ Rangers \_\_\_\_\_      ☐ Admin \_\_\_\_\_      ☐ IMT Members \_\_\_\_\_  
☐ **Fire Personnel** \_\_\_\_\_      ☐ **Families** \_\_\_\_\_      ☐ **Community** \_\_\_\_\_